

**DEPARTMENT OF CONSUMER AFFAIRS
REQUEST FOR TRAVEL ADVANCE**

In State _____ Out of State _____ Out of State Blanket Number _____

Claimant Name (print clearly) _____

Board/Bureau/Div. _____ Index/PCA _____

CHECK ONE: ☐ Send in money bag ☐ Send via U.S. Mail: _____

☐ Call _____ at _____ for check pickup.

Travel Dates

Travel Destination

Purpose of Trip

Per Diem Allowance	Transportation Expenses	Amount Requested
() x _____ = _____ (# full 24 hr. days for lodging and meals.)	() x _____ = _____ (Parking, shuttle and taxi expense)	\$ _____

"I hereby certify that:	Approval Signature
The above travel advance is necessary to defray my anticipated reimbursable expenses while traveling on business for the State of California away from my designated headquarters. I understand and agree that this amount must be reimbursed within 30 days of the end of my trip or may be deducted in full from any and all funds payable by the State to me, including salary warrant(s) issued by the State Controller, following receipt of the amount requested." I have cleared/reimbursed prior advances.	_____ Claimant Signature Date Original Required

"I hereby certify that:	Approval Signature
It is necessary for the claimant to travel to conduct official State business. Any prior advances have been cleared/reimbursed as I have received a travel expense claim or personal check or both to cover amounts previously advanced.	_____ Supervisor's Signature Date Original Required

"I hereby certify that:	Approval Signature
This program has the funds necessary for this trip. (For special events/conferences, or amounts over \$500.00)	_____ Budget Analyst's Signature Date Original Required

For Accounting Use Only:

Check Number: _____ Check Date: _____

Accounting Comments: